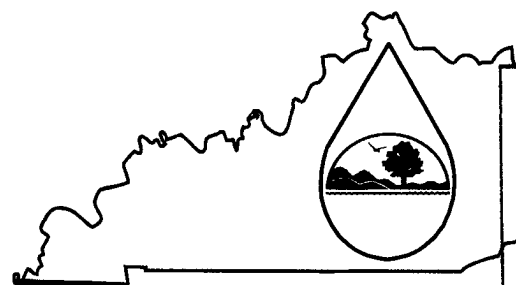


# KPDES FORM 1

## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



**RECEIVED**

APR 30 2009

**DIVISION OF WATER**

### PERMIT APPLICATION

This is an application to: (check one)

- ☒ Apply for a new permit.  
☐ Apply for reissuance of expiring permit.  
☐ Apply for a construction permit.  
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

CK 340-

<b>I. FACILITY LOCATION AND CONTACT INFORMATION</b>		AGENCY USE		0	1	0	7	8	9	1
A. Name of Business, Municipality, Company, Etc. Requesting Permit Kiewit Traylor Constructors, a Joint Venture of: Kiewit Construction Company and Traylor Bros., Inc.										
B. Facility Name and Location						C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.				
Facility Location Name: Batch Plant for Cannelton Cofferdam & Excav. Contract C-2, FERC Proj. No. 10228						Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Dave Fintel Project Manager				
Facility Location Address (i.e. street, road, etc., not P.O. Box): 700 West Wescor Road						Mailing Address: P.O. Box 656				
Facility Location City, State, Zip Code: Hawesville, Kentucky 42348						Mailing City, State, Zip Code: Hawesville, Kentucky 42348				
D. Owner's name (if not the same as in part A and C): Owner's Mailing Address: P.O. Box 656 Hawesville, KY 42348						Facility Contact Telephone Number: (270) 689-3960				
						Owner's Telephone Number (if different): (270) 689-3960				

<b>II. FACILITY DESCRIPTION</b>			
A. Provide a brief description of activities, products, etc: Installation and operation of a cement/bentonite slurry plant. For use in construction of cofferdam and bentonite/cement slurry cut-off wall in preparation of future development of Hydroelectric Plant.			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description:	1629		
Other SIC Codes:			

<b>III. FACILITY LOCATION</b>	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Hancock	City where facility is located (if applicable): Hawesville, Kentucky
C. Body of water receiving discharge: Ohio River	
D. Facility Site Latitude (degrees, minutes, seconds): 37 degrees 53' 45.73"	Facility Site Longitude (degrees, minutes, seconds): 86 degrees 42' 06.81"
E. Method used to obtain latitude & longitude (see instructions): Google Earth	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): NA	

<b>IV. OWNER/OPERATOR INFORMATION</b>	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: NA	Telephone Number:
Operator Mailing Address (Street):	
Operator Mailing Address (City, State, Zip Code):	
Is the operator also the owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input type="checkbox"/> No <input type="checkbox"/>
Certification Class:	Certification Number:

<b>V. EXISTING ENVIRONMENTAL PERMITS</b>		
Current NPDES Number: Pending	Issue Date of Current Permit:	Expiration Date of Current Permit:
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	Pending	June 1, 2009
Solid or Special Waste	NA	NA
Hazardous Waste - Registration or Permit	NA	NA

<b>VI. DISCHARGE MONITORING REPORTS (DMRs)</b>
--

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Dave Fintel
DMR Official Telephone Number:	(270) 689-3960

B. DMR Mailing Address:	
<ul style="list-style-type: none"> <li>Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or</li> <li>Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.</li> </ul>	
DMR Mailing Name:	Kiewit Traylor Constructors, a Joint Venture
DMR Mailing Address:	P.O. Box 656
DMR Mailing City, State, Zip Code:	Hawesville, Kentucky 42348

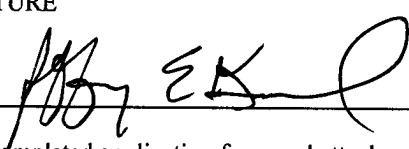
## VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

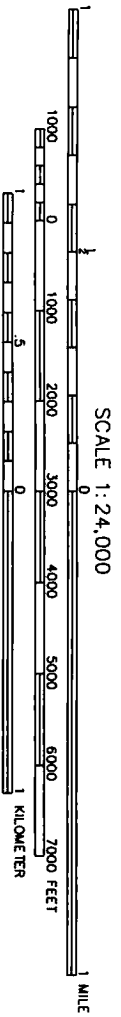
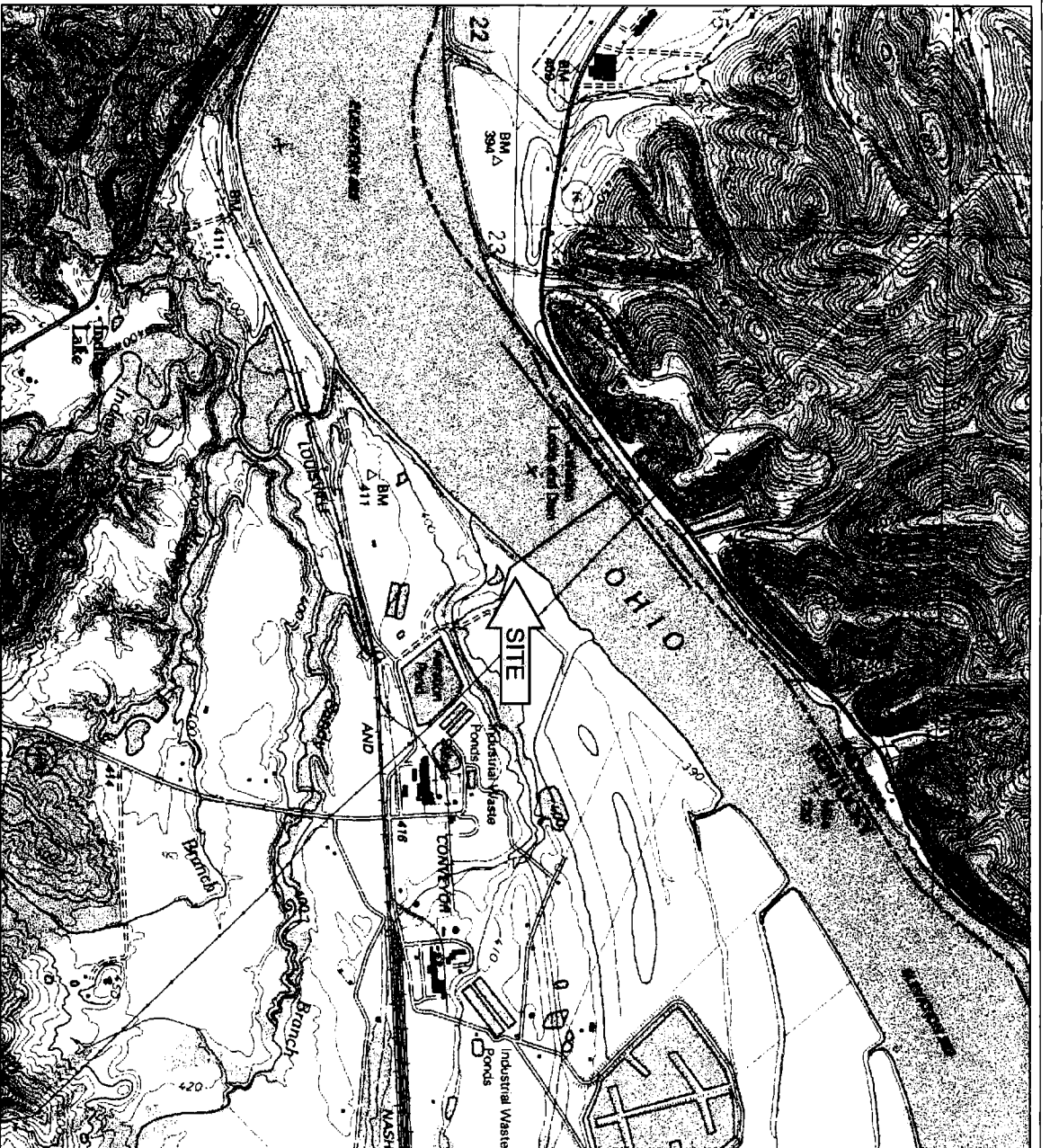
Facility Fee Category:	Filing Fee Enclosed:
Large Non-POTW	\$340

## VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

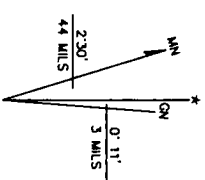
NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Jeffery E. Kresl, Area Manager	(847) 426-7495
SIGNATURE	DATE:
	4/29/09

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**



CONTOUR INTERVAL 10 FEET  
 SUPPLEMENTARY CONTOUR INTERVAL 5 FEET  
 NATIONAL GEODETIC VERTICAL DATUM OF 1929

# LEGEND



UTM GRID AND 1985 MAGNETIC NORTH  
 DECLINATION AT CENTER OF SHEET

CANNELTON, IND.-KY.

37086-16-TF-024  
 1993  
 DMA 3659 INW-SERIES 7851  
 7.5 MINUTE SERIES  
 (TOPOGRAPHIC)



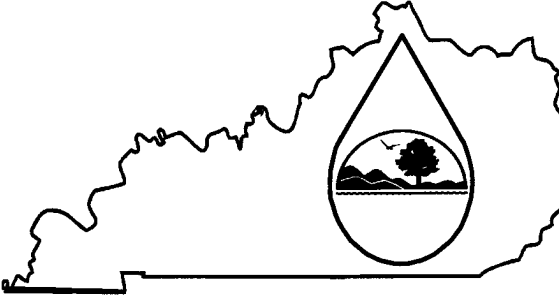
QUADRANGLE LOCATION

SITE LOCATION MAP	SCALE:	1:24,000	FIGURE 1
	DATE:	04/03/09	
	PROJECT:	CANNELTON HYDROELECTRIC PROJECT	
	DRAWN BY:	MKA	
HAWESVILLE, HANCOCK COUNTY, KENTUCKY		CHECKED BY:	



Linebach & Funkhouser, Inc.  
 environmental compliance & consulting

# KPDES FORM SC



**KENTUCKY POLLUTANT DISCHARGE  
ELIMINATION SYSTEM**

**RECEIVED**

APR 30 2009

**DIVISION OF WATER PERMIT APPLICATION**

A complete application consists of this form and Form 1.  
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Batch Plant for Cannelton Cofferdam & Excavation Contract C-2, FERC Project No. 10228							
<b>I. FACILITY DISCHARGE FREQUENCY</b>				AGENCY USE			
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?				Seven			
<b>II. A.</b> Give the basis of design for sizing of the wastewater facility (see instructions): Based on estimated gallons of wastewater generated by cement/bentonite slurry plant.							
B. If new discharger, indicate anticipated discharge date:				June 1, 2009			
C. Indicate the design capacity of the treatment system:				0.1 MGD			

**III. Outfall Location (see instructions)**

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37	53	52.20	86	42	01.89	Ohio River
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				Google Earth			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Plant wash down water	10,000 gals/wk	TBD	TBD
	Plant area storm water run-off	--	TBD	TBD

**V. Check the type(s) of wastewater discharged.**

- ☐ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste  
☐ Noncontact cooling water
 ☒ Other (list): Plant wash down water and plant area storm water run-off.

**VI. Does all water used at facility (except for human consumption) flow to a treatment plant? X Yes ☐ No**

**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment      Name of lake:  
☐ Publicly-owned treatment works (POTW).      Name of POTW:  
☐ Land application of Effluent  
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well  
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

**VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).**

<input type="checkbox"/> Antimony	<input type="checkbox"/> Copper	<input type="checkbox"/> Silver
<input type="checkbox"/> Arsenic	<input type="checkbox"/> Lead	<input type="checkbox"/> Thallium
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Zinc
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Nickel	<input type="checkbox"/>
<input type="checkbox"/> Chromium	<input type="checkbox"/> Selenium	<input type="checkbox"/>

<b>IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)</b>		
A. Number of bypass points:	NA	(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	gallons	gallons
Give reason why bypass occurs:		

<b>B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)</b>		
Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	gallons	gallons

<b>C. Number of seasonal discharge points</b>	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

<b>X. AREA SERVED (see instructions)</b>	
<b>NAME</b>	<b>ACTUAL POPULATION SERVED</b>
NA	
<b>TOTAL POPULATION SERVED</b>	

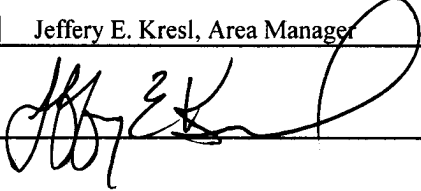
XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)
NA		

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD <sub>5</sub>	Proposed Discharge No Data Available		
TOTAL SUSPENDED SOLIDS	Proposed Discharge No Data Available		
FECAL COLIFORM	Proposed Discharge No Data Available		
TOTAL RESIDUAL CHLORINE	Proposed Discharge No Data Available		
OIL AND GREASE	Proposed Discharge No Data Available		
CHEMICAL OXYGEN DEMAND	Proposed Discharge No Data Available		
TOTAL ORGANIC CARBON	Proposed Discharge No Data Available		
AMMONIA	Proposed Discharge No Data Available		
DISCHARGE FLOW	Proposed Discharge No Data Available		
PH	Proposed Discharge No Data Available		
TEMPERATURE (WINTER)	Proposed Discharge No Data Available		
TEMPERATURE (SUMMER)	Proposed Discharge No Data Available		

B. Frequency and duration of flow:	Determined at time of flow
------------------------------------	----------------------------

### XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. X Ms. <input type="checkbox"/> Jeffery E. Kresl, Area Manager	(847) 426-7495
SIGNATURE	DATE
	4/29/09